IAP6 Rec'd PCT/PTO 18 AUG 2006

TRA	NSMITTA	Docket No. 17052/1098.008									
In Re A	pplication Of	10/589911									
Application No.		Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.					
Title: HANDHELD OPTICAL DIAGNOSTIC DEVICE HAVING IMAGE SYSTEM ARRAY											
Address to:  Commissioner for Patents P.O. Box 1450  Alexandria, VA 22313-1450											
			37 CFR 1.97(b)								
	1. A The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.										
			37 CFR 1.97(c)								
2.	The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:										
	☐ the statement specified in 37 CFR 1.97(e);										
OR											
☐ the fee set forth in 37 CFR 1.17(p).											

IAP6 Rec'd PCT/PTO 18 AUG 2006.

TRANSMITT	Docket No. 17052/1098.008									
In Re Application o	f: Juan Felix Rom	10/5	8991 <b>1</b>							
Application No. Filing Date		Examiner		Customer No.	Group Art Unit	Confirmation No.				
				25,779						
Title: HANDHEI	D OPTICAL DIAGN	OSTIC DEVICE HA	VING IMA	GE SYSTEM A	ARRAY					
Payment of Fee  (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))										
☐ A check in the amount of is attached. ☐ The Director is hereby authorized to charge and credit Deposit Account No. ☐ as described below. ☐ Charge the amount of ☐ Credit any overpayment. ☐ Charge any additional fee required. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. ☐ Certificate of Transmission by Facsimile* ☐ Certificate of Mailing by First Class Mail ☐ hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450"/(37 CFR 1.8(a)) on										
(Date)			Claire C. Donoran							
Signature			Signature of Person Mailing Correspondence  Elaine C. Donovan							
Typed or	Printed Name of Person Sig	gning Certificate	Тур		of Person Mailing C	ertificate				
*This certifi deposit acco	Signature Richard L. Samp			8/18/0	6					
cc:	50 Congress Stre Boston, MA 0210 T. 617-557-2900 F. 617-557-0077	09								

Docket Number (Optional) 17052/1098.008 INFORMATION DISCLOSURE CITATION Applicant(s) Juan Felix Roman (Use several sheets if necessary) Filing Date **Group Art Unit U.S. PATENT DOCUMENTS** EXAMINER FILING DATE DOCUMENT NUMBER REF DATE NAME CLASS SUBCLASS INITIAL IF APPROPRIATE 5,408,535 04/18/1995 Howard, III et al. 2 6,184,040 02/06/2001 Polizzotto et al. 6,331,715 12/18/2001 Mauchan et al. U.S. PATENT APPLICATION PUBLICATIONS EXAMINER FILING DATE REF DOCUMENT NUMBER DATE SUBCLASS NAME CLASS INITIAL IF APPROPRIATE FOREIGN PATENT DOCUMENTS Translation REF DOCUMENT NUMBER DATE COUNTRY CLASS SUBCLASS YES NO **OTHER DOCUMENTS** (Including Author, Title, Date, Pertinent Pages, Etc.) **EXAMINER** DATE CONSIDERED EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP Section 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.